

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

TOM SANCHEZ FOR CONGRESS

ADDRESS (number and street)

POST OFFICE BOX 153982

Check if different  
than previously  
reported. (ACC)

IRVING

TX

75015

2. FEC IDENTIFICATION NUMBER ▼

C

C00553628

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

TX

33

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y

in the  
State of

Y Y Y Y

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y

in the  
State of

Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y

07 / 01 / 2014

Y Y Y Y

through

M M / D D / Y Y Y Y

09 / 30 / 2014

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Alberto P Cardenas Jr.

Signature of Treasurer

Mr. Alberto P Cardenas Jr.

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 15 / 2014

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 10

Write or Type Committee Name

TOM SANCHEZ FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	1234600.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	0.00	1234600.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	9878.34	1490183.48
(b) Total Offsets to Operating Expenditures (from Line 14).....	9270.05	9270.05
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	608.29	1480913.43
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4056.57	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	250000.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 10

Write or Type Committee Name

**TOM SANCHEZ FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

7000.00

(ii) Unitemized.....

0.00

100.00

(iii) TOTAL of contributions from individuals ▶

0.00

7100.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

2500.00

(d) The Candidate.....

0.00

1225000.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

0.00

1234600.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

250000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

250000.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

9270.05

9270.05

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

370.00

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

9270.05

1494240.05

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 10

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9878.34	1490183.48
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	9878.34	1490183.48

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4664.86
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9270.05
25. SUBTOTAL (add Line 23 and Line 24).....	13934.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9878.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4056.57

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 10

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	-------------------------------------	---	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**TOM SANCHEZ FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Canal Partners Media</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>14</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		14		2014
M M	/	D D	/	Y Y Y Y									
07		14		2014									
Mailing Address 25 Whitlock Place Suite 201		<b>Transaction ID : SA14.4561</b>											
City Marietta	State GA	Zip Code 30064	Amount of Each Receipt this Period <table border="1"> <tr> <td>9270.05</td> </tr> </table>	9270.05									
9270.05													
FEC ID number of contributing federal political committee. <div>C</div>		Refund of Advertising Expenditures <table border="1"> <tr> <td></td> </tr> </table>											
Name of Employer	Occupation												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>9270.05</td> </tr> </table>			9270.05									
9270.05													

  

<b>B.</b> Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address													
City	State	Zip Code											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>											
Name of Employer	Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td></td> </tr> </table>												

  

<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address													
City	State	Zip Code											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>											
Name of Employer	Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td></td> </tr> </table>												

  

<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td>9270.05</td> </tr> </table>	9270.05
9270.05			
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td>9270.05</td> </tr> </table>	9270.05
9270.05			

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**TOM SANCHEZ FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. AT&T**

Mailing Address 2834 South Hulen

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		18		2014

City	State	Zip Code
Fort Worth	TX	76109

Amount of Each Disbursement this Period

399.20
--------

Purpose of Disbursement  
Telephone Service

001

Transaction ID : SB17.4555

Candidate Name

**TOM SANCHEZ FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: TX

District: 33

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 501 West 7th Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

City	State	Zip Code
Fort Worth	TX	76102

Amount of Each Disbursement this Period

29.95
-------

Purpose of Disbursement  
Monthly Account Maintenance Fee

001

Transaction ID : SB17.4545

Candidate Name

**TOM SANCHEZ FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: TX

District: 33

Full Name (Last, First, Middle Initial)

**c. Bank of America**

Mailing Address 501 West 7th Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2014

City	State	Zip Code
Fort Worth	TX	76102

Amount of Each Disbursement this Period

29.95
-------

Purpose of Disbursement  
Bank Fee

001

Transaction ID : SB17.4553

Candidate Name

**TOM SANCHEZ FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: TX

District: 33

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

459.10

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**TOM SANCHEZ FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 501 West 7th Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2014

City	State	Zip Code
Fort Worth	TX	76102

Amount of Each Disbursement this Period

198.37
--------

Purpose of Disbursement  
Bank Fee

001

Transaction ID : SB17.4558

Candidate Name

**TOM SANCHEZ FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: TX District: 33

Full Name (Last, First, Middle Initial)

**B. Intuit Full Service Payroll**

Mailing Address 2632 Marine Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

City	State	Zip Code
Mountain View	CA	94043

Amount of Each Disbursement this Period

84.21
-------

Purpose of Disbursement  
Account Payroll Maintenance Fee

001

Transaction ID : SB17.4546

Candidate Name

**TOM SANCHEZ FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: TX District: 33

Full Name (Last, First, Middle Initial)

**C. Intuit Full Service Payroll**

Mailing Address 2632 Marine Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2014

City	State	Zip Code
Mountain View	CA	94043

Amount of Each Disbursement this Period

84.21
-------

Purpose of Disbursement  
Payroll Service

001

Transaction ID : SB17.4552

Candidate Name

**TOM SANCHEZ FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: TX District: 33

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

198.37

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**TOM SANCHEZ FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Intuit Full Service Payroll**

Mailing Address 2632 Marine Way

City	State	Zip Code
Mountain View	CA	94043

Purpose of Disbursement  
Payroll Service Fee

001

Candidate Name

**TOM SANCHEZ FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: TX

District: 33

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2014

Amount of Each Disbursement this Period

84.21
-------

Transaction ID : SB17.4557

**B. Office Depot**

Mailing Address 780 East Road to Six Flags

City	State	Zip Code
Arlington	TX	76011

Purpose of Disbursement  
Software License

001

Candidate Name

**TOM SANCHEZ FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: TX

District: 33

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2014

Amount of Each Disbursement this Period

10.81
-------

Transaction ID : SB17.4547

**c. Office Depot**

Mailing Address 780 East Road to Six Flags

City	State	Zip Code
Arlington	TX	76011

Purpose of Disbursement  
Software Licensing Fee

001

Candidate Name

**TOM SANCHEZ FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: TX

District: 33

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2014

Amount of Each Disbursement this Period

10.81
-------

Transaction ID : SB17.4554

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

105.83





**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 10 OF 10

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4527

TOM SANCHEZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

THOMAS CARL SANCHEZ

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

2126 CAMBRIDGE DRIVE

City

State

ZIP Code

IRVING

TX

75061

Original Amount of Loan

250000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250000.00

**TERMS**

Date Incurred

M / D / Y  
02 / 10 / 2014

Date Due

M / D / Y  
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

250000.00

**TOTALS** This Period (last page in this line only)..... ►

250000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.